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ABSTRACT

This article reviews correctional treatment at the Wisconsin State Reformatory where a program of behavior training was instituted. An explanation of the psychological principles upon which the program is based and an example of the model program for problem drinkers is offered. Feedback and future innovations are also added. (MML)

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# OPERATIONS RESEARCH IN CORRECTIONAL TREATMENT: A SOCIAL SKILLS TRAINING PERSPECTIVE

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Evaluating correctional treatment is a formidable task: time consuming and frustrating, essentially thankless, historically prone to failure, increasingly politicized and unpopular, and absolutely necessary. Its necessity--for improving offenders' chances of successful reintegration (or integration) into the community, for increasing the utility of psychological knowledge in changing offenders' behavior, and for helping keep clinicians honest--requires that the evaluation of correctional treatment itself be evaluated. What have we learned, and what are the challenges and opportunities that stand before us?

If you look at reviews of correctional treatment, conclusions vary from a cautiously optimistic stance to a revisionist perspective which asserts that the application of therapeutic efforts to criminal offenders is ineffectual and hopelessly misguided, and consequently therapeutic services should be abandoned. At this time, however, assertions about the efficacy of correctional treatment probably say more about the theoretical biases of advocates or critics than any definitive knowledge that we have about correctional treatment or its evaluation. In fact, no definitive answers exist for the question of which treatments produce what short- and long-term beneficial effects with what populations of offenders in what kinds of correctional settings.

Notwithstanding, a couple of cautious observations can be made about the efficacy of correctional treatment. Whenever moderately successful treatment approaches which have been standardized with other clinical populations are

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utilized with correctional clients, at least a moderate decrease in effectiveness is to be expected. As well, the investigatory approach promoted by clinical psychologists during the past couple decades, epitomized in Gordon Paul's assertion that we must find what types of treatment work with which populations in what settings is an appropriate heuristic in research aimed at improving the effectiveness and efficiency of correctional treatment. Critics, such as Martinson (1974), who say that we should abandon investigation or utilization of correctional treatment because various approaches have not demonstrated their effectiveness across correctional populations and settings are either missing the point or are attempting to mislead clinicians and researchers since it is a truism that no kind of psychological intervention is so powerful that it will produce significant and long lasting effectiveness with all clinical populations (correctional or otherwise) who receive that intervention under all conditions of voluntariness and in all settings.

While these remarks may appropriately be construed as one more attempt to refine our investigatory efforts and to promote a cautiously optimistic stance about improving the effectiveness and efficiency of correctional treatment, it must be acknowledged that evaluative studies have at best produced modest results. The broader reality in the implementation of clinical interventions with correctional clients is that we have been plagued by therapeutic blind alleys. To a considerable degree, our evaluative resources have been squandered, and until we adhere to more strategic approaches for evaluating innovative programs and develop better methods of implementing correctional treatment, we shall continue to waste our meager resources.

In light of these cautions, I believe that a beneficial partnership can be formed between the managerial and evaluative technology of operations research with an emerging approach to clinical intervention known variously as social

skills training, training in effective living, and behavioral training. Operations research, as described in Stuart Adams' monograph "Evaluative Research in Corrections: A Practical Guide" (1975), is a methodology for monitoring the decision-making process and the delivery of services in order to enhance services and routinize evaluation of them. The purpose of operations research is to monitor various aspects of our clinical activities in order to find out if our efforts are effective and efficient: that is, do our interventions produce desired results and are they economical compared to other effective methods?

Behavioral training is an educational approach to clinical intervention which systematically trains individuals in becoming more interpersonally competent when they encounter various problematic situations. Rather than the medical model which construed maladaptive behavior as some type of intrapsychically determined form of excessive, out-of-control behavior, the behavioral training perspective analyzes problem situations which people encounter in order to identify what behaviors are most likely to have short- and long-term payoffs for the individuals. If the effective behaviors either do not exist in the individuals' behavioral repertoires or are not displayed sufficiently, behavioral training systematically teaches and encourages the appropriate prosocial behaviors. Through the use of modeling, behavior rehearsal and role playing, conducted within a structured individual or group setting, behavioral training explicitly teaches people more effective ways of dealing with problematic situations. I will describe some applications below when I talk about current and projected projects that are under the auspices of the Bureau of Clinical Services in the Wisconsin Division of Corrections.

Conceptually, behavioral training and operations research are quite similar. Both are problem solving orientations: behavioral training at an individual level and operations research at an organizational level attempt to increase the quality of decision-making and problem resolution. Both approaches evaluate their efforts by the criterion of improved functioning: behavioral training focuses on increasing individual competency, and operations research focuses on enhancing organizational productivity. Both approaches emphasize the measurement of performance. For behavioral training this breaks with traditional psychological assessment formats which looked at behavior as a sign or manifestation of some underlying psychopathology. For operations research, the emerging emphasis on management by objectives is a more realistic approach to the measurement of performance than previous efforts to assess managerial ability through psychological profiles or other vague and general statements of goals. Both approaches describe terminal behaviors judged to be appropriate for effective functioning and then methodically and systematically develop means to reach these goals. In behavioral training, the identification of terminal behaviors (i.e., actions which permit the individual to function effectively in dealing with a variety of problematic situations) leads conceptually to a process of working backwards to determine what types of training will help individuals acquire the terminal behaviors. In operations research, the identification of terminal behaviors comprising organizational goals works backwards to statements of specific objectives which lead to these goals. Both behavioral training and operations research are guided by explicit monitoring and feedback. In behavioral training, the psychotherapist acts as a consultant to the client, while in operations research the social scientist or manager serves as a consultant in order to improve organizational effectiveness and efficiency. While behavioral training has historically emerged from general, clinical, and experimental psychology, its practical application has led to its approximating a system analytic perspective on behavior change. Operations

research developed in a military context in World War II, and has conceptually been derivative of system analysis. Stated differently, the conceptual similarities of behavioral training and operations research reflect their consistency with a systems analytic perspective to problem solving which is translated into a managerial approach for behavioral and organizational change.

Now I would like to describe a project that currently is being directed by the Bureau of Clinical Services which utilizes behavioral training and which is attempting to establish an operations research monitoring and evaluation system /. (Goodrick, Vigdal, & Sutton, 1976) I shall also talk about two projects under consideration by the Bureau of Clinical Services which illuminate the range of, and the therapeutic and evaluative opportunities offered by, the two approaches.

Based on promising treatment approaches for problem drinking, in 1975 the Wisconsin Division of Corrections implemented a program for problem drinkers being released from correctional institutions to parole supervision. The overall goal of the six-week education and clinical intervention program is to prepare individuals in dealing effectively with drinking difficulties and with problems in living upon returning to the community. Screening for the program is conducted within the adult male correctional institutions, and those persons acknowledging a drinking problem and volunteering for the program enter a referral pool where on a random basis 90% of applicants are admitted.

Upon arrival at the minimum security facility, the participant receives general orientation and psychological pretesting, after which the person is engaged in intensive educational modules on alcohol and alcoholism. For instance, participants learn how blood alcohol concentrations are built up and relieved, how sensation and perception are affected by alcohol, what the effects of successively higher blood alcohol concentrations are on social behavior and criminal activity, how individuals can monitor blood alcohol

concentration through measuring alcohol intake and estimated body oxidation, and how persons can decrease the possibilities of intoxication through selecting certain kinds of drinking and learning different patterns and rates of consumption.

At the end of the education phase, and based on intensive interviewing to determine volunteers' own patterns of consumption and risks in regard to antisocial and assaultive behavior while intoxicated, participants decide between the treatment goals of abstinence or responsible drinking. While individuals' choices are subject to change as they proceed through the treatment program or after returning to the community, the decision-making conference between staff members and participants permits clients to specify a desirable terminal state regarding alcohol consumption which has optimal short- and long-term payoffs and which they are motivated to achieve.

While the clinical intervention phase involves self-control training (with relaxation training and videotape self-awareness) and optional attendance at Alcoholics Anonymous meetings and Antabuse lectures, in addition to behavioral training, the behavioral training focus will be emphasized in this presentation. High risk, or as we colloquially call them, "crunch" situations that have caused the participants problems in the past or are likely to be experienced in the future are analyzed in a group setting, and alternative responses are generated. With the facilitation of the trainer, members evaluate the alternatives and then receive training in more effective ways to resolve the problematic aspects of the situation without compounding the situation's inherent difficulties. Through this training, participants learn to be appropriately assertive and through changes in their own behavior and self-perceptions become significantly more socially competent in dealing with problematic situations.

Coordinated with the clinical intervention phase of the project is discharge planning to solidify the residents' realistic plans for community reintegration. Follow-up at 3, 6, and 12 months after discharge includes both the participants and the 10% sample of randomly deselected persons who were motivated to attend the program, and inquires into the releasees' pattern of drinking, vocational and leisure time activity, social relationships, and antisocial behavior.

While research in the areas of alcoholism and behavioral training provided the initial empirical basis for the program content, our follow-up efforts feed information from program graduates' successful or unsuccessful experiences back into the training program itself. Through follow-up information, we are increasing for training purposes the range and number of situations which are problematic for problem drinking offenders both in regard to excessive alcohol use and criminal activity. In this "bootstrap" operation of incorporating feedback into the program content and design, we are increasing the fit between program learning and the ultimate criterion measure of effective interpersonal performance.

Another way which operations research is relevant to the Alcohol Education and Treatment Project is that throughout the program we are engaged in measuring behavioral competencies. Some individuals enter the program showing significantly more behavioral assets in dealing with problematic situations than other participants. Consequently, all program participants move step-wise at their own rates toward becoming more interpersonally competent with the criterion for satisfactory levels of performance being set by whatever is necessary for effectively dealing with problematic situations upon release. Systematic measurement regarding whether the person has achieved a satisfactory level

of performance in regard to the educational and clinical intervention content presented permits alteration of program content or additional scheduling of specific program elements for remedial training.

Finally, we are using operations research in regard to the accountability and organization of the project itself. As staff members document changes in clients' behavior, and as they measure ways in which clients are performing in structured situations as well as in their ordinary day-to-day activities, this information is increasingly being utilized by the program administrator to provide what is approaching a real-time analysis of staff member and participant performance, and thereby helps the administrator see which staff and which clients are demonstrating the most significant productivity as well as which clients and staff need to alter their activities or change their level of performance.

Thus, we are evolving an increasingly comprehensive education and training program which utilizes the system analytic perspective both for the training of individuals and the organization and evaluation of the project itself. Routinization of evaluation in the project serves the triple goals of improving the curriculum efficacy, enhancing the success of participants in their post-release social adaptation, and providing a management system which the administrator of the project can utilize to increasingly improve organizational efficiency.

I would also like to describe briefly a couple of projects under consideration by the Bureau of Clinical Services which combine utilization of a behaviorial training and operations research perspective in their design and implementation. A project which Asher Pacht, some other members of the Bureau of Clinical Services, and I wish to implement is to utilize behavioral training with delinquent adolescents in order to train them in more effective ways in dealing with many problematic situations which frustrate them or encourage their illegal

and antisocial actions. Research by Friedman (1975) has shown that delinquent adolescents often lack interpersonal skills in dealing with a variety of problematic situations. As well, these adolescents frequently appear to lack the ability to structure their time well and consequently become bored, thereby setting the stage for delinquent acting-out and thrill seeking behavior. Our strategy is to establish a residential facility for adolescents which will explicity train these teenagers in becoming more interpersonally effective in the residential facility, in school, and in their community activities. Utilizing interpersonal skill training where the participants will receive feedback from peers and staff trainers, we shall attempt to train the teenagers in increasing their interpersonal competence so that encounters with problematic situations are increasingly resolved favorably both for them and to others around them. The training procedures will be standardized sufficiently that paraprofessionals can administer the program and the particular training content will reflect the range of problematic situations which delinquent teenagers are likely to encounter. The entire monitoring and accountability system for the project with its close tie-in between feedback regarding the adolescents' behavior in other environments will be utilized within an operations research perspective to gradually evolve an optimal training approach for teenagers who engage in illegal and antisocial activity.

The other project under consideration is to coordinate behavioral training with the development of better decision-making models for transferring incarcerated offenders to less secure correctional settings. Stuart Adams' research at the District of Columbia Division of Corrections (1975) was able to predict more successfully than any previous efforts in the correctional research literature those persons who would be likely to succeed in work release programs. We wish

to implement either the prediction model utilized in his research or similar prediction models to improve the effectiveness and efficiency of the transfer process. The operations research framework of the project includes the systematic gathering of objective data relevent to decision-making characteristics, and gradual improvement of the system as feedback of failures and successes is received. Behavioral training will be utilized in the project as we attempt to identify individuals currently being judged as poor risks for transfers to less secure settings and through behavioral training either prior to transfer or upon arrival provide training to assist these persons in learning the necessary interpersonal skills for successful functioning at the receiving settings and for release to the community. If the project is successfully implemented, it will not only help expedite offenders' reintegration into the community, but will also beneficially affect the problem of accelerating populations experienced by the correctional system in Wisconsin.

In sum, psychologists seem to have been placed on the defensive when they have worked in the Criminal Justice System, and many times have been unable to live up to the expectations which followed from inappropriate conceptualizations of the psychological characteristics of offenders or of clinical intervention methods being applied to the psychological problems of criminal offenders. I believe that evaluative research is the best and possibly last hope for establishing the significant contribution which psychological knowledge can make to improve the effectiveness and efficiency of correctional treatment within the Criminal Justice System and thereby increase the humaneness, effectiveness, and efficiency of the Criminal Justice System itself. While there are many strategies for evaluation and for improving our intervention strategies, the fact that behavioral training and operations research may be integrated for program

accountability, decision-making and evaluation, and the fact that behavioral training is a theoretically sound orientation for enhancing the behavioral competencies of criminal offenders certainly merits our considered attention.

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